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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/695,121
Filing Date	October 27, 2003
First Named Inventor	Graham B. McCloy et al.
Art Unit	2875
Examiner Name	Thomas M. Sember
Attorney Docket Number	SCH-00026-COA

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

- |                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |
|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form                                | <input type="checkbox"/> Drawing(s)                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> After Allowance communication to Group                            |
| <input checked="" type="checkbox"/> Fee Attached                             | <input type="checkbox"/> Licensing-related Papers                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences        |
| <input type="checkbox"/> Amendment/Reply                                     | <input type="checkbox"/> Petition                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) |
| <input checked="" type="checkbox"/> After Final                              | <input type="checkbox"/> Petition to Convert to a Provisional Application                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Proprietary Information                                           |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Status Letter                                                     |
| <input checked="" type="checkbox"/> Extension of Time Request                | <input type="checkbox"/> Terminal Disclaimer                                                                                                                                                                                                                                                                                                                                                      | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):            |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Request for Refund                                                                                                                                                                                                                                                                                                                                                       | Request for Continued Examination (RCE) Transmittal                                        |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> CD, Number of CD(s) _____                                                                                                                                                                                                                                                                                                                                                | Return Receipt Postcard                                                                    |
| <input type="checkbox"/> Certified Copy of Priority Document(s)              | <b>Remarks</b><br>Applicant believes no further fees to be due for the attached filing, however, should additional fees be due in order to prevent the abandonment of this application, please consider this as authorization to charge Deposit Account No. 501612 (Warn, Hoffmann, Miller & LaLone, P.C.) for any such fees due. A duplicate copy of this document is enclosed for this purpose. |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 |                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                            |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Warn, Hoffmann, Miller & LaLone, P.C. Philip R. Warn - Reg. No. 32775
Signature	
Date	

**CERTIFICATE OF TRANSMISSION/MAILING**

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Typed or printed name	Philip R. Warn - Reg. No. 32775		
Signature		Date	Nov 19 2006

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